#### FORM (RF-3)

| Automobile Liability Private Passenger Commercial Automobile Physical Damag Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Sourety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance  Does filing only apply to certain territory (territories) or cell Classes? If so, specify:  No.  Brief description of filing. (If filing follows rates of an adv Organization, specify organization):  *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result rates.  Acadia Insurance Co   | (3) Percent Change (+or-) ** |
|---|------------------------------|
| Passenger Commercial Automobile Physical Damag Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance  Does filing only apply to certain territory (territories) or certain companies of an advorganization, specify organization):  Revised Contractors E & O  *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result rates.  Acadia Insurance Co   | onango ( o. /                |
| Commercial Automobile Physical Damag Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance  Does filing only apply to certain territory (territories) or certain companies of an advorganization, specify Organization, specify Organization):  Revised Contractors E & O  *Adjusted to reflect all prior rate changes.  **Change in Company's premium level which will result rates.  Acadia Insurance Co  |                              |
| Automobile Physical Damag Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance  Does filing only apply to certain territory (territories) or certain companies of an advorganization, specify organization):  Revised Contractors E & O  *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result rates.  Acadia Insurance Co  |                              |
| Private Passenger Commercial Liability Other Than Auto \$89,566 Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage nland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance  Does filing only apply to certain territory (territories) or certa |                              |
| Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage nland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance  Does filing only apply to certain territory (territories) or certain territory (territories)  |                              |
| Liability Other Than Auto  Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage nland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance  Does filing only apply to certain territory (territories) or concentration, specify organization, specify organization):  Revised Contractors E & O  *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result rates.  Acadia Insurance Co   |                              |
| Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage nland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance  Does filing only apply to certain territory (territories) or certain territory (territories) o  | -0.80%                       |
| Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage nland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance  Does filing only apply to certain territory (territories) or certain certify:  Brief description of filing. (If filing follows rates of an advorganization, specify organization):  *Revised Contractors E & O  *Adjusted to reflect all prior rate changes.  **Change in Company's premium level which will result trates.  Acadia Insurance Co  | -0.0078                      |
| Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance  Does filing only apply to certain territory (territories) or certain certify:  Brief description of filing. (If filing follows rates of an advorganization, specify organization):  *Revised Contractors E & O  *Adjusted to reflect all prior rate changes.  **Change in Company's premium level which will result rates.  Acadia Insurance Co  |                              |
| Surety Boiler and Machinery Fire Extended Coverage nland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance  Does filing only apply to certain territory (territories) or crop Classes? If so, specify:  No.  Brief description of filing. (If filing follows rates of an advorganization, specify organization):  *Revised Contractors E & O  *Adjusted to reflect all prior rate changes.  ***Change in Company's premium level which will result rates.  Acadia Insurance Co   |                              |
| Boiler and Machinery Fire Extended Coverage nland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance  Does filing only apply to certain territory (territories) or certains companies of an advocation, specify:  Brief description of filing. (If filing follows rates of an advocation, specify organization):  *Revised Contractors E & O  *Adjusted to reflect all prior rate changes.  **Change in Company's premium level which will result rates.  Acadia Insurance Co   |                              |
| Extended Coverage nland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance  Does filing only apply to certain territory (territories) or certainses? If so, specify:  No.  Brief description of filing. (If filing follows rates of an advorganization, specify organization):  *Revised Contractors E & O  *Adjusted to reflect all prior rate changes.  **Change in Company's premium level which will result rates.  Acadia Insurance Co   |                              |
| Extended Coverage nland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance  Does filing only apply to certain territory (territories) or certainses? If so, specify: No.  Brief description of filing. (If filing follows rates of an advorganization, specify organization):  *Revised Contractors E & O  *Adjusted to reflect all prior rate changes.  **Change in Company's premium level which will result rates.  Acadia Insurance Co  |                              |
| nland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance  Does filing only apply to certain territory (territories) or certainsteritory:  Classes? If so, specify:  No.  Brief description of filing. (If filing follows rates of an advorganization, specify organization):  Revised Contractors E & O  *Adjusted to reflect all prior rate changes.  **Change in Company's premium level which will result rates.  Acadia Insurance Co  | <u></u>                      |
| Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance  Does filing only apply to certain territory (territories) or certainses? If so, specify: No.  Brief description of filing. (If filing follows rates of an advorganization, specify organization): Revised Contractors E & O  *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result rates.  Acadia Insurance Co  |                              |
| Commercial Multi-Peril Crop Hail Other Line of Insurance  Does filing only apply to certain territory (territories) or certainsterilitory.  Classes? If so, specify: No.  Brief description of filing. (If filing follows rates of an adv. Organization, specify organization):  Revised Contractors E & O  *Adjusted to reflect all prior rate changes.  **Change in Company's premium level which will result rates.  Acadia Insurance Co   | <del>*</del>                 |
| Crop Hail Other Line of Insurance  Does filing only apply to certain territory (territories) or concluses? If so, specify:  No.  Brief description of filing. (If filing follows rates of an advocation, specify organization):  Revised Contractors E & O  *Adjusted to reflect all prior rate changes.  **Change in Company's premium level which will result rates.  Acadia Insurance Co   |                              |
| Does filing only apply to certain territory (territories) or concluses? If so, specify:  Brief description of filing. (If filing follows rates of an advorganization, specify organization):  Revised Contractors E & O  *Adjusted to reflect all prior rate changes.  **Change in Company's premium level which will result rates.  Acadia Insurance Co  |                              |
| Line of Insurance  Does filing only apply to certain territory (territories) or certainses? If so, specify:  No.  Brief description of filing. (If filing follows rates of an advorganization, specify organization):  Revised Contractors E & O  *Adjusted to reflect all prior rate changes.  **Change in Company's premium level which will result rates.  Acadia Insurance Co   |                              |
| Does filing only apply to certain territory (territories) or concluses? If so, specify:  Brief description of filing. (If filing follows rates of an advorganization, specify organization):  Revised Contractors E & O  *Adjusted to reflect all prior rate changes.  **Change in Company's premium level which will result rates.  Acadia Insurance Co  | <del></del>                  |
| Classes? If so, specify:  Brief description of filing. (If filing follows rates of an adv. Organization, specify organization):  Revised Contractors E & O  *Adjusted to reflect all prior rate changes.  **Change in Company's premium level which will result rates.  Acadia Insurance Co   |                              |
| Brief description of filing. (If filing follows rates of an adv Organization, specify organization):  *Revised Contractors E & O  *Adjusted to reflect all prior rate changes.  **Change in Company's premium level which will result rates.  Acadia Insurance Co   | ertain                       |
| Organization, specify organization):  *Adjusted to reflect all prior rate changes.  **Change in Company's premium level which will result rates.  Acadia Insurance Co   |                              |
| Organization, specify organization):  *Adjusted to reflect all prior rate changes.  **Change in Company's premium level which will result rates.  Acadia Insurance Co   |                              |
| *Adjusted to reflect all prior rate changes.  **Change in Company's premium level which will result rates.  Acadia Insurance Co   | visory                       |
| *Adjusted to reflect all prior rate changes.  **Change in Company's premium level which will result rates.  Acadia Insurance Co   |                              |
| **Change in Company's premium level which will result rates.  Acadia Insurance Co   |                              |
| **Change in Company's premium level which will result rates.  Acadia Insurance Co   |                              |
| **Change in Company's premium level which will result rates.  Acadia Insurance Co   |                              |
| Acadia Insurance Co   | from application of n        |
| **************************************  | omnany                       |
| INDIN   | e of Company                 |
| John Thelen - Vice Pr   |                              |

Change in Company's premium or rate level produced by rate revision effective  $\underline{8/26/2015}$  .

| (1)   | (2)<br>Annual Premium          | (3)<br>Percent           |
|---|--------------------------------|--------------------------|
| <u>Coverage</u>   | Volume (Illinois) *            | <u>Change (+ or -)**</u> |
| 1. Automobile Liability Private Passenger   |                                |                          |
| Commercial 2. Automobile Physical Damage Private Passenger  |                                |                          |
| Commercial  | <del></del>                    |                          |
| 3. Liability Other Than Auto  | \$12,368                       | 3.4%                     |
| 4. Burglary and Theft   |                                |                          |
| 5. Glass  |                                |                          |
| 6. Fidelity   |                                |                          |
| 7. Surety   |                                |                          |
| 8. Boiler and Machinery 9. Fire   | <u> </u>                       |                          |
| 10. Extended Coverage   |                                |                          |
| 11. Inland Marine   |                                |                          |
| 12. Homeowners  |                                |                          |
| 13. Commercial Multi-Peril  |                                | 4.00                     |
| 14. Crop Hail   |                                |                          |
| 15. Other Line of Insurance   |                                |                          |
| Eine of Insurance   |                                |                          |
| Does filing only apply to certain If so, specify: $N_0$   | territory (territories)        | or certain classes?      |
| ,   |                                |                          |
| Brief description of filing. (If  | filing follows rates of        | an advisory              |
| organization, specify organization<br>Explanatory Memo) and updating the loss cost mu                     |                                | Designation Numbers (see |
| Explanatory From Cy and aparing the 1033 0031 me  | miphor.                        |                          |
| * Adjusted to reflect all prior r<br>** Change in Company's premium lev<br>result from application of new | vel which will                 |                          |
|   |                                |                          |
|   |                                |                          |
|   | Allstate Insuranc Name of Comp |                          |
|   | name of comp                   | 1                        |
| <del>a</del>  | Rhonda Amann-Assistant Stat    | e Filings Manager        |
|   | Official - T                   |                          |
| H29219D   |                                |                          |

| Change  | in  | Company's | premium    | or | rate | level | produced | bу | rate |
|---------|-----|-----------|------------|----|------|-------|----------|----|------|
| revisio | n e | effective | 08/01/2015 |    |      |       |          |    |      |

| revision effective <u>00/01/201.</u>   | )                        | ••                 |
|--|--------------------------|--------------------|
| (1)  | (2)<br>Annual Premium    | (3)<br>Percent     |
| Coverage   | Volume (Illinois)*       | Change (+ or -) ** |
| 1. Automobile Liability  |                          |                    |
| Private Passenger  |                          |                    |
| Commercial   |                          |                    |
| 2. Automobile Physical Damage<br>Private Passenger   |                          |                    |
| Commercial   |                          |                    |
| 3. Liability Other Than Auto   | 111,433 (Written)        | -14.2              |
| 4. Burglary and Theft  |                          |                    |
| 5. Glass   |                          |                    |
| 6. Fidelity  |                          | <u> </u>           |
| 7. Surety  |                          |                    |
| 8. Boiler and Machinery  |                          | <u></u>            |
| 9. Fire  |                          |                    |
| 10. Extended Coverage  |                          |                    |
| 11. Inland Marine  |                          |                    |
| 12. Homeowners   |                          |                    |
| 13. Commercial Multi-Peril   |                          |                    |
| 14. Crop Hail  |                          |                    |
| 15. Other  |                          |                    |
| Line of Insurance  |                          |                    |
| Does filing only apply to certain If so, specify: No   | territory (territories)o | r certain classes? |
|  |                          |                    |
| Brief description of filing. (If   | filing follows rates of  | an advisory        |
| organization, specify organization   |                          | an advisory        |
| organization, specify organization   | AAIC proposes to ado     | pt ISO Revision    |
|  | Designation Number G     |                    |
|  | 08/01/2015.              |                    |
|  |                          | ·                  |
| * Adjusted to reflect all prior r ** Change in Company's premium lev   |                          |                    |
| result from application of new   |                          |                    |
| The state of the s |                          |                    |
|  |                          |                    |
|  |                          |                    |
| Am   | erican Alternative Insur | ance Corporation   |
|  | Name of Compa            | any                |
|  | _                        |                    |
|  |                          |                    |
|  |                          |                    |
|  | 011/1/1                  |                    |
|  | some franch              |                    |
|  |                          | Vice President     |
|  | Official - Ti            | +1e                |

Form (RF-3) Form (RF-3)

#### SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 08/01/2015 .

| 16/13/01/ 61/6001/6 00/01/201  | <u> </u>                                     | •                                     |
|--|--|---------------------------------------|
| (1)  | (2)  | (3)                                   |
| Coverage   | Annual Premium<br>Volume (Illinois)*         | Percent<br>Change (+ or -)**          |
| 1. Automobile Liability  |  |                                       |
| Private Passenger  |  |                                       |
| Commercial   |  |                                       |
| 2. Automobile Physical Damage<br>Private Passenger                               |  |                                       |
| Commercial   |  |                                       |
| 3. Liability Other Than Auto   | 16,032 (Written)                             | -14.2                                 |
| 4. Burglary and Theft  |  |                                       |
| 5. Glass   |  |                                       |
| 6. Fidelity  |  |                                       |
| 7. Surety  |  | <del></del>                           |
| 8. Boiler and Machinery 9. Fire  |  |                                       |
| 10. Extended Coverage  |  |                                       |
| 11. Inland Marine  |  |                                       |
| 12. Homeowners   |  | · · · · · · · · · · · · · · · · · · · |
| 13. Commercial Multi-Peril   |  |                                       |
| 14. Crop Hail  |  | · "                                   |
| l5. Other  |  | <del></del>                           |
| Line of Insurance  |  |                                       |
| Does filing only apply to certain  If so, specify: No                            | territory (territories)                      | c certain classes?                    |
|  |  |                                       |
|  |  |                                       |
| Brief description of filing. (If   | filing follows rates of a                    | an advisory                           |
| organization, specify organization   |  |                                       |
|  | AFH proposes to adop<br>Designation Number G |                                       |
|  | 08/01/2015.                                  | L-2014-BGL1 ON                        |
|  |  |                                       |
| * Adjusted to reflect all prior r  | anto changes                                 |                                       |
| <pre>** Adjusted to reflect all prior r ** Change in Company's premium lev</pre> |  |                                       |
| result from application of new   |  |                                       |
|  |  |                                       |
|  |  |                                       |
|  | American Family Home Inst                    | irance Company                        |
|  | Name of Compa                                |                                       |
|  | ·  |                                       |
|  |  |                                       |
|  | ^ ^  |                                       |
|  | 1000 () a () ou                              |                                       |
|  | Malzkas                                      |                                       |
|  | - r  | resident                              |
|  | Official - Ti                                | tle                                   |

# FORM (RF-3)

| (1)<br>Coverage -                               | (2)<br>Annual Premium<br>Volume (Illinois) * | (3) Percent Change (+or-) ** |
|---|--|------------------------------|
| Automobile Liability Private                    |  |                              |
| Passenger                                       |  |                              |
| Commercial                                      |  |                              |
| Automobile Physical Damag                       |  |                              |
| Private Passenger                               |  |                              |
| Commercial                                      |  |                              |
| Liability Other Than Auto                       | \$207,454                                    | -15.49%                      |
| Burglary and Theft                              |  |                              |
| Glass   |  |                              |
| Fidelity  |  |                              |
| Surety  |  |                              |
| Boiler and Machinery                            |  |                              |
| Fire  |  |                              |
| Extended Coverage                               |  |                              |
| Inland Marine                                   |  |                              |
| Homeowners                                      |  |                              |
| Commercial Multi-Peril                          |  |                              |
| Crop Hail                                       |  |                              |
| Other   |  |                              |
| Line of Insurance                               |  |                              |
| Does filing only apply to certa Classes? If so, | in territory (territories) or                | certain                      |
| specify: No                                     |  |                              |
| Brief description of filing. (If fi             | ling follows rates of an a                   | dvisorv                      |
| Organization, specify                           |  |                              |
| organization):                                  | Adopting ISO GL Loss Co                      | sts and ILF's                |
|   |  |                              |
| *Adjusted to reflect all prior ra               | to obangoo                                   |                              |
| **Change in Company's prem                      |  | t from application of ne     |
| rates.  | American Modern                              | Home Insurance Company       |
|   |  | me of Company                |
|   |  | or State Relations Analyst   |
|   | Cary Domina Gen                              | OF State Melations Analysi   |

Form (RF-3) Form (RF-3)

#### SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 08/01/2015

| revision effective $\frac{08/01/201}{201}$  | 5                             | ·                        |
|---|-------------------------------|--------------------------|
| (1)   | (2)<br>Annual Premium         | (3)<br>Percent           |
| Coverage  | <pre>Volume (Illinois)*</pre> | <u>Change (+ or -)**</u> |
| <ol> <li>Automobile Liability         Private Passenger         Commercial     </li> </ol>                |                               |                          |
| <ol> <li>Automobile Physical Damage<br/>Private Passenger<br/>Commercial</li> </ol>                       |                               |                          |
| 3. Liability Other Than Auto  | 20,610 (Written)              | -14.2                    |
| 4. Burglary and Theft   |                               |                          |
| 5. Glass  |                               |                          |
| 6. Fidelity   |                               |                          |
| 7. Surety   | ·                             |                          |
| 8. Boiler and Machinery   |                               |                          |
| 9. Fire   |                               |                          |
| 10. Extended Coverage   |                               |                          |
| 11. Inland Marine   |                               |                          |
| 12. Homeowners  |                               |                          |
| 13. Commercial Multi-Peril  |                               |                          |
| 14. Crop Hail   |                               |                          |
| 15. Other   |                               |                          |
| Line of Insurance   |                               |                          |
| Does filing only apply to certain<br>If so, specify: No   | territory (territories)o      | r certain classes?       |
|   |                               |                          |
| Brief description of filing. (If organization   |                               | t ISO Revision           |
| * Adjusted to reflect all prior i<br>** Change in Company's premium lev<br>result from application of new | vel which will rates.         |                          |
|   | American Southern Home In     |                          |
|   | Name of Compa                 | any                      |
|   | Malz Ria                      | President                |
|   |                               | tle                      |

#### FORM (RF-3)

| Change in Company's premium or ra | te level produced by rate revision |
|-----------------------------------|------------------------------------|
| effective June 1, 2015            |                                    |

| -          | (1)                                   | (2)<br>Annual Premium          | (3)<br>Percent                  |
|------------|---------------------------------------|--------------------------------|---------------------------------|
|            | Coverage                              | Volume (Illinois) *            | Change (+or-) **                |
| 1.         | Automobile Liability Private          |                                |                                 |
|            | Passenger                             |                                |                                 |
| _          | Commercial                            |                                |                                 |
| 2          | Automobile Physical Damag             |                                | _                               |
|            | Private Passenger                     |                                |                                 |
|            | Commercial                            |                                |                                 |
| 3.         | Liability Other Than Auto             | 153, 766                       | 1.0%                            |
| 4.         | Burglary and Theft                    |                                |                                 |
| 5.         | Glass                                 |                                |                                 |
| <b>3</b> . | Fidelity                              |                                |                                 |
| 7.         | Surety                                |                                |                                 |
| 3.         | Boiler and Machinery                  |                                |                                 |
| ₹.         | Fire                                  |                                |                                 |
| 10.        | Extended Coverage                     |                                |                                 |
| 11.        | Inland Marine                         |                                |                                 |
| 12.        | Homeowners                            |                                |                                 |
| 13.        | Commercial Multi-Peril                |                                |                                 |
| 14.        | Crop Hail                             |                                |                                 |
| 15.        | Other                                 |                                |                                 |
|            | Line of Insurance                     |                                |                                 |
| ٠          | Does filing only apply to certai      | n territory (territories) or ( | certain                         |
|            | Classes? If so,                       |                                |                                 |
|            | specify: No No                        |                                |                                 |
|            |                                       |                                |                                 |
|            | Brief description of filing. (If fil  | ing follows rates of an ac     | svisory                         |
|            | Organization, specify                 |                                |                                 |
|            | organization):                        | Adopting the ISO General I     | _iability Multistate Deductible |
|            | Discount Factor Revision GL-2014-RDD1 | 4                              |                                 |
|            |                                       |                                |                                 |
|            | *Adjusted to reflect all prior rat    | e changes.                     |                                 |
|            | **Change in Company's premi           | um level which will result     | from application of new         |
|            | rates.                                |                                |                                 |
|            |                                       | Berkley National Ins           |                                 |
|            |                                       |                                | ne of Company                   |
|            |                                       | Karen Logan - Assis            |                                 |
|            |                                       | C                              | Official – Title                |

#### Section 754.EXHIBIT A Summary Sheet (Form RF-3)

#### FORM (RF-3)

#### SUMMARY SHEET

|    | (1)  | (2)<br>Annual Premium                   | (3)<br>Percent                            |
|----|--|---|---|
|    | Coverage   | <ul> <li>Volume (Illinois) *</li> </ul> | Change (+or-) **                          |
|    | utomobile Liability Private                        |   |   |
|    | assenger   |   |   |
|    | commercial   |   |   |
| Α  | utomobile Physical Damag                           |   |   |
| Ρ  | rivate Passenger                                   |   |   |
| С  | ommercial  |   |   |
| Li | iability Other Than Auto                           | 163,065                                 | 0.9%                                      |
| В  | urglary and Theft                                  |   |   |
| G  | lass   |   |   |
| Fi | idelity  |   |   |
| S  | urety  |   |   |
| В  | oiler and Machinery                                |   |   |
|    | ire  |   |   |
| E  | xtended Coverage                                   |   |   |
|    | lland Marine                                       |   |   |
| H  | omeowners  |   |   |
| C  | ommercial Multi-Peril                              |   | ······                                    |
| С  | rop Hail   |   |   |
|    | ther   |   |   |
| _  | Line of Insurance                                  |   |   |
|    | loes filing only apply to certa<br>Classes? If so, | ain territory (territories) o           | r certain                                 |
| S  | pecify: No No                                      |   |   |
| _  | )  |   |   |
|    | Brief description of filing. (If                   | illing tollows rates of an a            | advisory                                  |
|    | organization, specify                              | A destina the 100 Conse                 | a I tabilità a da dalagana. Dia di cadiba |
| О  | rganization):                                      | Adopting the ISO Genera                 | I Liability Multistate Deductible         |

Berkley Regional Insurance Company Name of Company Karen Logan - Assistant Secretary Official - Title

Change in Company's premium level which will result from application of new rates.

#### FORM (RF-3)

| <b>-</b> | (1)   | (2)<br>Annual Premium                   | (3)<br>Percent                        |
|----------|---|---|---------------------------------------|
|          | Coverage  | Volume (Illinois) *                     | Change (+or-) **                      |
|          | Automobile Liability Private  |   |                                       |
|          | Passenger   |   |                                       |
|          | Commercial  |   |                                       |
|          | Automobile Physical Damag   |   |                                       |
|          | Private Passenger   |   | · · · · · · · · · · · · · · · · · · · |
|          | Commercial  |   |                                       |
|          | Liability Other Than Auto   | \$7,948                                 | -26.6%                                |
|          | Burglary and Theft  |   |                                       |
|          | Glass   |   |                                       |
|          | Fidelity  |   |                                       |
|          | Surety  | <del></del>                             |                                       |
|          | Boiler and Machinery Fire   |   |                                       |
|          | Extended Coverage   |   |                                       |
|          | Inland Marine   |   |                                       |
|          | Homeowners  |   |                                       |
|          | Commercial Multi-Peril  |   |                                       |
|          | Crop Hail   |   |                                       |
|          | Other   |   |                                       |
|          | Line of Insurance   |   |                                       |
|          | Does filing only apply to certa Classes? If so, specify:                      | in territory (territories) or           | certain                               |
|          | Private Company Package program insura  | nce policyholders                       |                                       |
|          | Brief description of filing. (If f<br>Organization, specify<br>organization): | iling follows rates of an a             | dvisory                               |
|          | Rate decrease, changes to schedule rat  | ing and introduction of two covera      | ges                                   |
|          |   |   |                                       |
|          | *Adjusted to reflect all prior ra **Change in Company's prem                  |   | It from application of nev            |
|          | rates.  | CATLIN INDEMNI                          | TY COMPANY                            |
|          |   |   | me of Company                         |
|          |   | MICHAEL DIROCC                          |                                       |
|          |   | • | Official - Title                      |

#### FORM (RF-3)

#### **SUMMARY SHEET**

| (1)  | (2)<br>Annual Premium                           | (3)<br>Percent   |
|--|---|--|
| Coverage                                       | <ul> <li>Volume (Illinois) *</li> </ul>         | Change (+or-) **   |
| Automobile Liability Private                   |   | - 3  |
| Passenger                                      |   |  |
| Commercial                                     |   |  |
| Automobile Physical Damag                      |   |  |
| Private Passenger                              |   |  |
| Commercial                                     |   |  |
| Liability Other Than Auto                      | \$1,292,461                                     | 0%   |
| Burglary and Theft                             |   |  |
| Glass  |   |  |
| Fidelity                                       |   |  |
| Surety   |   |  |
| Boiler and Machinery                           |   |  |
| Fire   |   |  |
| Extended Coverage                              |   |  |
| Inland Marine                                  |   |  |
| Homeowners                                     |   |  |
| Commercial Multi-Peril                         |   |  |
| Crop Hail                                      |   |  |
| Other  |   |  |
| Line of Insurance                              |   |  |
| Doos filing only apply to som                  | tain tarritan, (tarritarian) ar                 | aartain  |
| Does filing only apply to cert Classes? If so, | tain terniory (terniories) or                   | CEILAIII   |
| specify: No.                                   |   |  |
| specify.                                       |   |  |
| Brief description of filing. (If               | filing follows rates of an a                    | dvisorv  |
| Organization, specify                          | 9   |  |
| organization):                                 | Revised Contractors E & 0                       | ס  |
|  |   |  |
|  |   |  |
|  |   |  |
| *Adjusted to reflect all prior                 | •   | IA fao no mandio attaca a fao                                |
| **Change in Company's pre                      | •   | It from application of ne                                    |
| •  | mium level which will resu                      |  |
| **Change in Company's pre                      | mium level which will resu<br>Continental Weste | It from application of ne rn Insurance Company me of Company |

# FORM (RF-3)

| (1)   | (2) Annual Premium Volume (Illinois) *                                   | (3) Percent                                   |
|---|--|---|
| Coverage Automobile Liability Private   | Volume (Illinois) *  | Change (+or-) **                              |
| ~   |  |   |
| Passenger   |  |   |
| Commercial  |  |   |
| Automobile Physical Damag   |  |   |
| Private Passenger   |  |   |
| Commercial  |  | 16%   |
| Liability Other Than Auto   | \$12,419   | 1970  |
| Burglary and Theft  |  |   |
| Glass   |  |   |
| Fidelity  | ·  |   |
| Surety  |  |   |
| Boiler and Machinery  |  |   |
| Fire  |  |   |
| Extended Coverage   |  |   |
| Inland Marine   |  |   |
| Homeowners  |  |   |
| Commercial Multi-Peril  |  |   |
| Crop Hail   |  |   |
| Other   |  |   |
| Life of Insurance   |  |   |
| Does filing only apply to certa Classes? If so,   | ain territory (territories) or   | certain                                       |
| specify: Municip  | alities, Schools and Counties  |   |
| Duras de maiable estable de 186   |  | de la deserva                                 |
| Brief description of filing. (If I Organization, specify  | illing follows rates or an ac  | 1V15OFY                                       |
|   |  |   |
|   | Rate increase based on our   | countrywide loss experience as w              |
| organization):  | Rate increase based on our   | countrywide loss experience as w              |
|   | Rate increase based on our   | countrywide loss experience as w              |
| organization): actuarial rate level indications  *Adjusted to reflect all prior ra **Change in Company's pren | ate changes.   |   |
| organization): actuarial rate level indications  *Adjusted to reflect all prior ra                            | ate changes.<br>nium level which will resul                              |   |
| organization): actuarial rate level indications  *Adjusted to reflect all prior ra **Change in Company's pren | ate changes.<br>nium level which will resul<br>Employers Mutual (        | t from application of nev<br>Casualty Company |
| organization): actuarial rate level indications  *Adjusted to reflect all prior ra **Change in Company's pren | ate changes.<br>nium level which will resul<br>Employers Mutual (<br>Nar | t from application of nev                     |

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Ch  | ange in Company's premium or rate level produce  | ed by rate revision effective  | 05/01/15  |
|---|--|--|---|
|   | (1)<br><u>Coverage</u>   | (2)<br>Annual Premium<br>Volume (lilinois)*  | (3)<br>Percent<br><u>Change (+ or -)**</u>            |
| 2. 3. 4. 5. 6. 7. 8. 9. 10. 11, 12. 13. 14. | Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other | \$ 664,000   | 0.0%  |
| Brie<br>revi                                | Line of Insurance es filing only apply to certain territory (territories) of ef description of filing. (If filing follows rates of an a ses forms and introduces new form, UL-VBERP S cers Liability Coverage - Non Profit Organizations   | advisory organization, specify organication  | No.  Dization): This filing  Period for Directors and |
|   | ljusted to reflect all prior rate changes.<br>nange in Company's premium level which will resu   | Erie Insurance  Name of Co  Foss C. Fonticella, ACAS, MAAR  Vice President and Manager | mpany   |

Form (RF-3)

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Change in Company's premium or rate level  | produced by rate revision effective                 | 05/01/2015                            |
|--|---|---------------------------------------|
| (1)<br><u>Coverage</u>   | (2)<br>Annuai Premium<br><u>Volume (Illinois)</u> * | (3) Percent Change (+ or -)**         |
| Automobile Liability Private   |   |                                       |
| Passenger Commercial   |   |                                       |
| Automobile Physical Damage   |   |                                       |
|  | 000 454   | 44.0                                  |
| 3. Liability Other Than Auto   | 326,154   | 14.2                                  |
| 4. Burglary and Theft  |   | -                                     |
|  |   |                                       |
| 6. Fidelity 7. Surety  |   |                                       |
| 8. Boiler and Machinery  |   |                                       |
| O E:   |   |                                       |
| 10 Extended Coverage   | ·   |                                       |
| 11 Inland Marina   |   |                                       |
| 40 U   |   |                                       |
| 40 Commence of Market Double   |   |                                       |
| 44 Casa Hall   |   |                                       |
| 15. Other  |   |                                       |
| Line of Insurance  |   |                                       |
| Does filing only apply to certain territory (terri   | tories) or certain classes? If so, specify:         | No                                    |
| Brief description of filing. (If filing follows rate<br>Adoption of ISO General Liability Loss Costs | s of an advisory organization, specify org          | anization):                           |
| Adoption of 150 Ceneral Elability Ecss Costs   | 4 121 3 - 02-2014-DOL   4 02-2014 IAC               | <u> </u>                              |
| *Adjusted to reflect all prior rate changes. **Change in Company's premium level which               | •   |                                       |
|  |   | onal Insurance Company ame of Company |
|  | '`  | ато от соттрану                       |
|  | Mitchel Merbera.                                    | Vice President, MAAA, FCAS            |
|  |   | Official - Title                      |

|     | Change in Company's pre  | mium or rate level produce      | d by rate                                |
|-----|--|---------------------------------|--|
|     | revision effective   | 6/1/2015                        |  |
|     | (1)  | (2)<br>Annual Premium           | (3)<br>Percent                           |
|     | Coverage   | Volume (Illinois) *             | Change (+ or -) **                       |
| 1.  | Automobile Liability Private Passenger   |                                 |  |
| 2.  | Commercial<br>Automobile Physical Damage<br>Private Passenger  |                                 |  |
|     | Commercial   |                                 |  |
| 3.  | Liability Other Than Auto  | \$3,844,701                     | +0.1%                                    |
| 4.  | Burglary and Theft   | •                               |  |
| 5.  | Glass  |                                 |  |
| 6.  | Fidelity   |                                 |  |
| 7.  | Surety   |                                 |  |
| 8.  | Boiler and Machinery   |                                 |  |
| 9.  | Fire   |                                 |  |
| 0.  | Extended Coverage  |                                 |  |
| 1.  | Inland Marine  |                                 |  |
| 2.  | Homeowners   |                                 |  |
| 3.  | Commercial Multi-Peril   |                                 |  |
| 4.  | Crop Hail  |                                 |  |
| 5.  | Other  |                                 |  |
|     | Line of Insurance  |                                 |  |
|     | es filing only apply to certain territory (t   | erritories) or certain classes? | If so, specify:                          |
|     | ef description of filing. (If filing follows dopting ISO loss cost circular GL-2014  |                                 | tion, specify organization):             |
| _   |  |                                 |  |
| * C | Adjusted to reflect all prior rate cha<br>Change in Company's premium level w<br>vill result from application of new rates | hich                            | Federated Mutual Company                 |
|     |  |                                 | Federated Mutual Company Name of Company |
|     |  |                                 | Dan Filzen - Vice President              |
|     |  |                                 | Official - Title                         |

|     | Change in Company's pre  | emium or rate level produc      | ced by rate                               |
|-----|--|---------------------------------|---|
|     | revision effective   | 6/1/2015                        | • •                                       |
|     | (1)  | (2)<br>Annual Premium           | (3)<br>Percent                            |
|     | Coverage   | Volume (Illinois) *             | <u>Change (+ or -) **</u>                 |
| 1.  | Automobile Liability Private Passenger   |                                 |   |
| 2.  | Commercial<br>Automobile Physical Damage<br>Private Passenger  |                                 |   |
|     | Commercial   |                                 |   |
| 3.  | Liability Other Than Auto  | \$1,045,403                     | +0.1%                                     |
| 4.  | Burglary and Theft   |                                 |   |
| 5.  | Glass  |                                 |   |
| 6.  | Fidelity   |                                 |   |
| 7.  | Surety   |                                 |   |
| 8.  | Boiler and Machinery   |                                 |   |
| 9.  | Fire   |                                 |   |
| 0.  | Extended Coverage  | •                               |   |
| 1.  | Inland Marine  |                                 |   |
| 2.  | Homeowners   |                                 |   |
| 3.  | Commercial Multi-Peril   |                                 |   |
| 4.  | Crop Hail  |                                 |   |
| 5.  | Other  |                                 |   |
|     | Line of Insurance  |                                 |   |
|     | es filing only apply to certain territory  | (territories) or certain classe | s? If so, specify:                        |
|     | of description of filing. (If filing follows dopting ISO loss cost circular GL-20                                      |                                 | zation, specify organization):            |
| * ( | Adjusted to reflect all prior rate ch<br>Change in Company's premium level<br>vill result from application of new rate | which                           | Fadarated On 1 O                          |
|     |  |                                 | Federated Service Company Name of Company |
|     |  |                                 | Dan Filzen - Vice President               |
|     |  |                                 | Official - Title                          |

#### FORM (RF-3)

#### **SUMMARY SHEET**

| Change in Company's p | premium or rate | level produced | by rate revision |
|-----------------------|-----------------|----------------|------------------|
| effective 01/01/2015  | ×               |                |                  |

| (1) Coverage  | (2)<br>Annual Premium<br>Volume (Illinois) * | (3) Percent Change (+or-) ** |
|---|--|------------------------------|
| Automobile Liability Private                                  | volume (minois)                              | Change (101-)                |
| Passenger   |  |                              |
| Commercial  |  |                              |
| Automobile Physical Damag                                     | dn   |                              |
| Private Passenger   |  | •                            |
| Commercial  |  |                              |
| Liability Other Than Auto                                     | \$246,915                                    | 0%                           |
| Burglary and Theft  |  |                              |
| Glass   | -  |                              |
| Fidelity  |  |                              |
| Surety  |  |                              |
| Boiler and Machinery  |  |                              |
| Fire  |  |                              |
| Extended Coverage   |  |                              |
| Inland Marine   |  |                              |
| Homeowners  |  |                              |
| Commercial Multi-Peril  |  |                              |
| Crop Hail   |  |                              |
| Other   |  |                              |
| Line of Insurance   |  |                              |
| Does filing only apply to certa Classes? If so, specify:  No. | in territory (territories) or                | certain                      |
|   |  |                              |
| Brief description of filing. (If fi                           | ling follows rates of an a                   | dvisory                      |
| Organization, specify   |  | _                            |
| organization):  | Revised Contractors E & 0                    | 0                            |
|   |  |                              |
|   |  |                              |
| *Adjusted to reflect all prior ra                             | te changes.                                  |                              |

Firemen's Insurance Company of Washington D.C.

Name of Company

John Thelen - Vice President, Secretary

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

# FORM (RF-3)

#### **SUMMARY SHEET**

| (1)<br>Coverage   | (2) Annual Premium - Volume (Illinois) * | (3) Percent Change (+or-) ** |
|---|--|------------------------------|
| Automobile Liability Private                                      |  |                              |
| Passenger   |  |                              |
| Commercial  |  |                              |
| Automobile Physical Damag<br>Private Passenger                    |  |                              |
| Commercial  |  |                              |
| Liability Other Than Auto   | \$84,461                                 | -13.54%                      |
| Burglary and Theft  |  |                              |
| Glass   |  |                              |
| Fidelity  |  |                              |
| Surety  |  |                              |
| Boiler and Machinery  |  |                              |
| Fire  |  |                              |
| Extended Coverage   |  |                              |
| Inland Marine   |  |                              |
| Homeowners  |  |                              |
| Commercial Multi-Peril  |  |                              |
| Crop Hail   |  |                              |
| Other   |  |                              |
| Line of Insurance   |  |                              |
| Does filing only apply to certa Classes? If so,                   | ain territory (territories) or           | certain                      |
| specify: No   |  |                              |
|   |  |                              |
| Brief description of filing. (If f                                | iling follows rates of an a              | dvisory                      |
| Organization, specify organization):                              | Following ISO changes to                 | II Fe and Loss Costs         |
| organization).  | Following 130 changes to                 | TILES AND LOSS COSIS         |
|   |  |                              |
| *Adjusted to reflect all prior ra **Change in Company's premates. |  | lt from application of ne    |
| 10(03.  | Harco National Ins                       | surance Company              |
|   |  |                              |
|   | Na                                       | me of Company                |

|            | Change in Company's pre revision effective  | mium or rate level produced by rate  April 1, 2015  |   |
|------------|---|---|---|
|            | (1)<br><u>Coverage</u>  | (2)<br>Annual Premium<br>Volume (Illinois)*   | (3)<br>Percent<br><u>Change ( + or -)**</u> |
|            | <u>oorologo</u>   | voisine (minera)  |   |
| 1.         | Automobile Liability  |   |   |
|            | Private Passenger   |   |   |
|            | Commercial  |   |   |
| 2.         | Automobile Physical Damage  |   |   |
|            | Private Passenger   |   |   |
|            | Commercial  |   |   |
| 3.         | Liability Other Than Auto   | <u>\$45,610</u>   | -1.5%                                       |
| 4.         | Burglary and Theft  |   |   |
| 5.         | Glass   |   |   |
| 6.         | Fidelity  |   |   |
| 7.         | Surety  |   |   |
| 8.         | Boiler and Machinery  |   |   |
| 9.         | Fire  |   |   |
| 10.        | Extended Coverage   |   |   |
| 11.        | Inland Marine   | <del></del>   |   |
| 12.        | Homeowners  |   |   |
| 13.        | Commercial Multi-Peril  |   |   |
| 14.<br>15. | Crop Hail<br>Other  |   |   |
| 15.        | Line of Insurance   |   |   |
|            | s Filing only apply to certain territor ses? If so, specify:  This add  | y (territories) or certain option applies to the HDI-Gerling En                             | ergi Program only.                          |
|            | f description of filing. (If filing follow inization, specify organization):  | vs rates of an advisory  Adoption of ISO's Commercial Go  Increased Limit Factor Revision ( |   |
|            | <ul> <li>* Adjusted to reflect all prior rate ch</li> <li>* Change in Company's premium leading from application of new rate</li> </ul> | evel which will   |   |
|            | · ·   |   |   |
|            |   | HDI-Gerling America   | Insurance Company                           |
|            |   | Name of   | Company                                     |
|            |   | Kevin Purcell   | - VP IRC, LLC                               |
|            |   |   | ıl - Title                                  |

#### FORM (RF-3)

#### **SUMMARY SHEET**

|    | (1)   | (2)<br>Annual Premium           | (3)<br>Percent   |
|----|---|---------------------------------|------------------|
|    | Coverage  | Volume (Illinois) *             | Change (+or-) ** |
|    | Automobile Liability Private                                    |                                 |                  |
|    | Passenger   |                                 |                  |
|    | Commercial  |                                 |                  |
|    | Automobile Physical Damage                                      |                                 |                  |
|    | Private Passenger   |                                 |                  |
|    | Commercial  |                                 |                  |
|    | Liability Other Than Auto                                       | 875216                          | -36.1            |
|    | Burglary and Theft  |                                 |                  |
|    | Glass   |                                 |                  |
|    | Fidelity  |                                 |                  |
|    | Surety  |                                 |                  |
|    | Boiler and Machinery  |                                 |                  |
|    | Fire  |                                 |                  |
| 0. | Extended Coverage   |                                 |                  |
| 1. | Inland Marine   |                                 |                  |
| 2. | Homeowners  |                                 |                  |
| 3. | Commercial Multi-Peril  |                                 |                  |
| 4. | Crop Hail   |                                 |                  |
| 5. | Other   |                                 |                  |
|    | Life of Insurance   |                                 |                  |
|    | Does filing only apply to certain t Classes? If so, specify: No | erritory (territories) or certa | ain              |
|    |   |                                 |                  |
|    | Brief description of filing. (If filing                         | follows rates of an adviso      | ry               |
|    | Organization, specify   |                                 |                  |
|    | organization): Adopting ISO loss costs                          |                                 |                  |

Mitsui Sumitomo Insurance Company of America Name of Company

Larry Wilk - Senior State Filing Analyst (Martin & Company)

#### FORM (RF-3)

#### **SUMMARY SHEET**

|     | (1)  | (2)<br>Annual Premium           | (3)<br>Percent   |  |
|-----|--|---------------------------------|------------------|--|
|     | Coverage   | Volume (Illinois) *             | Change (+or-) ** |  |
| 1.  | Automobile Liability Private   |                                 |                  |  |
|     | Passenger  |                                 |                  |  |
|     | Commercial   |                                 |                  |  |
| 2.  | Automobile Physical Damage   |                                 |                  |  |
|     | Private Passenger  |                                 |                  |  |
|     | Commercial   |                                 |                  |  |
| 3.  | Liability Other Than Auto  | 1718033                         | -36.1            |  |
| 4.  | Burglary and Theft   |                                 |                  |  |
| 5.  | Glass  |                                 |                  |  |
| 6.  | Fidelity   |                                 |                  |  |
| 7.  | Surety   |                                 |                  |  |
| 8.  | Boiler and Machinery   |                                 |                  |  |
| 9.  | Fire   |                                 |                  |  |
| 10. | Extended Coverage  |                                 |                  |  |
| 11. | Inland Marine  |                                 |                  |  |
| 12. | Homeowners   |                                 |                  |  |
| 13. | Commercial Multi-Peril   |                                 |                  |  |
| 14. | Crop Hail  |                                 |                  |  |
| 15. | Other  |                                 |                  |  |
|     | Life of Insurance  | •                               |                  |  |
|     | Does filing only apply to certain to                                 | erritory (territories) or certa | ain              |  |
|     | Classes? If so,  |                                 |                  |  |
|     | specify: No  |                                 |                  |  |
|     | Brief description of filing. (If filing follows rates of an advisory |                                 |                  |  |
|     | Organization, specify  |                                 |                  |  |
|     | organization): Adopting ISO loss costs                               |                                 |                  |  |
|     | , <u> </u>   |                                 |                  |  |
|     |  |                                 |                  |  |

Mitsui Sumitomo Insurance USA Inc.

Name of Company
Larry Wilk - Senior State Filing Analyst (Martin & Company)

# Form (RF-3) ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Change in company                  | s premium or rate lev                                   | el produced by rate re                             | vision effective      | 3/1/2015                                  |
|------------------------------------|---|--|-----------------------|---|
| -                                  | 1)<br>overage   | (2)<br>Annual Premium<br><u>Volume(Illinois)</u> * | :                     | (3)<br>Percent<br><u>Change (+ or - )</u> |
| 1. Automobile Li<br>Passenger (    |   |  |                       |   |
| 2. Automobile Pl                   |   |  | -                     |   |
| 3. Liability Other                 | Than Auto   | 27,903   | _                     | 5 <u>.</u> 6%                             |
| 4. Burglary and                    | Theft   |  | _                     |   |
| 5. Glass                           |   |  | _                     |   |
| <ol><li>Fidelity</li></ol>         |   |  | _                     |   |
| 7. Surety                          |   |  | _                     |   |
| <ol><li>Boiler and Ma</li></ol>    | chinery   |  | <del>-</del>          |   |
| 9. Fire                            |   |  | _                     |   |
| <ol><li>10. Extended Cov</li></ol> | erage   |  | _                     |   |
| 11. Inland Marine                  |   |  | _                     |   |
| 12. Homeowners                     |   |  | _                     |   |
| 13. Commercial N                   | Iulti-Peril   |  | _                     |   |
| 14. Crop Hail                      |   |  | _                     |   |
| 15. Other                          |   |  | _                     |   |
| Line                               | of Insurance  |  |                       |   |
| Does filing only app               | ly to certain territory ( t                             | erritories ) or certain o                          | classes? If so, speci | fy: No                                    |
|                                    | filing . ( If filing follows<br>ram - General Liability |  | rganization, specify  | organization ):                           |
|                                    | all prior rate changes.<br>iny's premium level wh       | ich will result from ap                            | plication of new rate | es.                                       |
|                                    |   | 1  |                       | cialty Insurance Compar<br>of company     |

Patrick Cobb - Senior Vice President
Official-Title

#### FORM (RF-3)

#### **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 3/1/2015 for new business and 1/1/16 for renewal.

|  | (1)   | (2)                                       | (3)  |  |  |  |
|--|---|---|--|--|--|--|
| -  | ,   | Annual Premium                            | Percent  |  |  |  |
| -  | Coverage -  | Volume (Illinois) *                       | Change (+or-) **                                 |  |  |  |
| 1.   | Automobile Liability Private  |   |  |  |  |  |
|  | Passenger   |   |  |  |  |  |
|  | Commercial  |   |  |  |  |  |
| 2  | Automobile Physical Damag   |   |  |  |  |  |
|  | Private Passenger   |   | •  |  |  |  |
|  | Commercial  |   |  |  |  |  |
| 3.   | Liability Other Than Auto   | 3,997,844                                 | -1%  |  |  |  |
| 4.   | Burglary and Theft  |   |  |  |  |  |
| 5.   | Glass   |   |  |  |  |  |
| 6.   | Fidelity  |   |  |  |  |  |
| 7.   | Surety  |   |  |  |  |  |
| 8.   | Boiler and Machinery  |   |  |  |  |  |
| 9.   | Fire  |   |  |  |  |  |
| 10.  | Extended Coverage   |   |  |  |  |  |
| 11.  | Inland Marine   | · · · · · · · · · · · · · · · · · · ·     |  |  |  |  |
| 12.  | Homeowners  | <del></del>                               |  |  |  |  |
| 13.  | Commercial Multi-Peril  |   |  |  |  |  |
| 14.  | Crop Hail   |   |  |  |  |  |
| 15.  | Other   |   |  |  |  |  |
| 10.  | Life of Insurance   |   |  |  |  |  |
|  | Life of insurance   |   |  |  |  |  |
| Does filing only apply to certain territory (territories) or certain |   |   |  |  |  |  |
|  | Classes? If so,   |   |  |  |  |  |
|  | specify: No   |   |  |  |  |  |
|  |   |   |  |  |  |  |
|  | Brief description of filing. (If filing follows rates of an advisory          |   |  |  |  |  |
|  | Organization, specify   |   |  |  |  |  |
|  | organization):  | Managed Care Excess Lo                    | ss rate increase filing on Policy forms          |  |  |  |
|  | previously approved under SERFF filing number WES                             | A-129076313. The corresponding agreements | are usualty used with HMOs, government agencies, |  |  |  |
|  | etc (see filing description).   |   |  |  |  |  |
|  | *Adjusted to reflect all prior ra   | te changes.                               |  |  |  |  |
|  | **Change in Company's premium level which will result from application of new |   |  |  |  |  |
|  | rates.  |   |  |  |  |  |
|  |   | PartnerRe America                         | Insurance Company                                |  |  |  |
|  |   | Na  | me of Company                                    |  |  |  |
|  |   |   | P Risk and Compliance                            |  |  |  |
|  |   | (   | Official – Title                                 |  |  |  |

# FORM (RF-3)

| Change in Company's premium or ra | ate level produced by rate revision |
|-----------------------------------|-------------------------------------|
| effective June 1, 2015            |                                     |

|            | CHECHVE JUNE 1, 2013   | <del></del> '              |                                 |  |  |  |
|------------|--|----------------------------|---------------------------------|--|--|--|
| -          | (1)  | (2)<br>Annual Premium      | (3)<br>Percent                  |  |  |  |
|            | Coverage   | Volume (Illinois) *        | Change (+or-) **                |  |  |  |
| 1.         | Automobile Liability Private   |                            |                                 |  |  |  |
|            | Passenger  |                            |                                 |  |  |  |
| 2          | Commercial   |                            |                                 |  |  |  |
| 2          | Automobile Physical Damag  |                            | 4                               |  |  |  |
|            | Private Passenger  |                            |                                 |  |  |  |
| 2          | Commercial   | 100.004                    | 0.00                            |  |  |  |
| 3.         | Liability Other Than Auto  | 106,201                    | 0.2%                            |  |  |  |
| 4.<br>=    | Burglary and Theft   |                            | <del></del>                     |  |  |  |
| 5.         | Glass  |                            |                                 |  |  |  |
| 6.<br>7.   | Fidelity   |                            |                                 |  |  |  |
| 7.<br>8.   | Surety Railer and Machinery  |                            |                                 |  |  |  |
| o.<br>9.   | Boiler and Machinery Fire  |                            |                                 |  |  |  |
| ອ.<br>10.  | • • •  |                            | <del></del>                     |  |  |  |
| 10.<br>11. | Extended Coverage Inland Marine                                      |                            |                                 |  |  |  |
| 12.        | Homeowners   |                            |                                 |  |  |  |
| 12.<br>13. | Commercial Multi-Peril   |                            |                                 |  |  |  |
| 13.<br>14. | Crop Hail  |                            |                                 |  |  |  |
| 15.        | Other  |                            |                                 |  |  |  |
| 10.        | Line of Insurance  |                            |                                 |  |  |  |
| •          | Line of insurance  |                            |                                 |  |  |  |
|            | Does filing only apply to certain territory (territories) or certain |                            |                                 |  |  |  |
|            | Classes? If so,  |                            |                                 |  |  |  |
|            | specify: No No   |                            |                                 |  |  |  |
|            |  |                            |                                 |  |  |  |
|            | Brief description of filing. (If filing follows rates of an advisory |                            |                                 |  |  |  |
|            | Organization, specify  |                            |                                 |  |  |  |
|            | organization):   |                            | Liability Multistate Deductible |  |  |  |
|            | Discount Factor Revision GL-2014-RDD                                 | 14                         |                                 |  |  |  |
|            | *A disease of the medical and    | ta abayesa                 |                                 |  |  |  |
|            | *Adjusted to reflect all prior ra                                    |                            | t from application of now       |  |  |  |
|            | **Change in Company's prem   | ium iever which will resur | thom application of new         |  |  |  |
|            | rates.   | StarNet Insurance          | Company                         |  |  |  |
|            |  |                            | ne of Company                   |  |  |  |
|            |  | Karen Logan - Assis        | • •                             |  |  |  |
|            |  |                            | Official - Title                |  |  |  |
|            |  | ~                          |                                 |  |  |  |

# FORM (RF-3)

#### SUMMARY SHEET

| (1)  | (2)<br>Annual Premium                 | (3)<br>Percent                        |  |  |  |
|--|---------------------------------------|---------------------------------------|--|--|--|
| Coverage -   | Volume (Illinois) *                   | Change (+or-) **                      |  |  |  |
| Automobile Liability Private   |                                       |                                       |  |  |  |
| Passenger  |                                       |                                       |  |  |  |
| Commercial   |                                       |                                       |  |  |  |
| Automobile Physical Damag  |                                       |                                       |  |  |  |
| Private Passenger  |                                       |                                       |  |  |  |
| Commercial   |                                       |                                       |  |  |  |
| Liability Other Than Auto  | \$170,220                             | 0%                                    |  |  |  |
| Burglary and Theft   |                                       |                                       |  |  |  |
| Glass  |                                       |                                       |  |  |  |
| Fidelity   |                                       |                                       |  |  |  |
| Surety   | <del></del>                           |                                       |  |  |  |
| Boiler and Machinery   |                                       |                                       |  |  |  |
| Fire   |                                       |                                       |  |  |  |
| Extended Coverage  |                                       |                                       |  |  |  |
| Inland Marine  |                                       |                                       |  |  |  |
| Homeowners   |                                       |                                       |  |  |  |
| Commercial Multi-Peril   |                                       |                                       |  |  |  |
| Crop Hail  |                                       |                                       |  |  |  |
| Other  |                                       |                                       |  |  |  |
| Line of Insurance  |                                       |                                       |  |  |  |
| Does filing only apply to certain territory (territories) or certain |                                       |                                       |  |  |  |
| Classes? If so,  | in terniory (territories) or          | Certain                               |  |  |  |
| specify: No.   |                                       |                                       |  |  |  |
| Specify.   | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · |  |  |  |
| Brief description of filing. (If filing follows rates of an advisory |                                       |                                       |  |  |  |
| Organization, specify  |                                       |                                       |  |  |  |
| organization):   | Revised Contractors E &               | 0                                     |  |  |  |
| ·  |                                       |                                       |  |  |  |
|  |                                       |                                       |  |  |  |
| *Adjusted to reflect all prior rate changes.                         |                                       |                                       |  |  |  |
| **Change in Company's prem   | ium level which will resu             | It from application of nev            |  |  |  |
| rates.   |                                       | <b>.</b>                              |  |  |  |
|  | Union Insurance Company               |                                       |  |  |  |
|  |                                       | me of Company President Secretary     |  |  |  |
|  |                                       |                                       |  |  |  |